

02-05-01

Attorney Docket No. 2001-0705

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
 Certification under 37 CFR §1.10 (if applicable)

EL 530 373 720 US
 Express Mail Label Number

February 2, 2001
 Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Deborah H. Brockmeyer
 (Print Name of Person Mailing Application)

(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application by inventors: Gregorio del Val, Boihon C. Yee, Hye Rim Jung, Bob B. Buchanan, and Oscar L. Frick, entitled:

METHOD FOR ASSESSING FOOD ALLERGENICITY

1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-36 and
 - ☒ 2 Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)

2. U.S. Priority

- ☐ This application is a claims the benefit of U.S. Serial No. *.
- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. filed in on is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1)	(Col. 2)	Small Entity		Or	Other Than a Small Entity	
	No. Filed	No. Extra	Rate	Fee		Rate	Fee
Basic Fee				\$355.00	Or		\$710.00
Total Claims	21 - 20	1	1 x \$ 9 =	\$9.00	Or	x \$ 18 =	\$
Independent Claims	3 - 3	0	0 x \$40 =	\$0	Or	x \$ 80 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$135 =	\$	Or	+ \$270 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.							\$
			TOTAL	\$364.00	Or	TOTAL	

- ☒ Applicant claims small entity status. See 37 CFR \$1.27
- ☒ A check for \$364.00 is enclosed to cover the Filing Fee.
- ☒ The Commissioner is hereby authorized to charge any underpayment of fees (or credit any overpayment) to Deposit Account 04-0531.

Respectfully submitted,



Larry W. Thrower
Registration No. P47,994

Date: 2-2-01

Correspondence Address:

Customer No. 22918
Phone: 650 324-0880